

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586825

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4		1					
5		4					
6		1					
7		2					
8		1					
9	1						
10		1					
11		1					
12		1					
13		4					
14		2					
15		2					
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49							
50							
TOTAL IND.	2						
TOTAL DEP.	26	←	←	←	←	←	←
TOTAL CLAIMS	28	████████	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.		←	←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████